

Amendment: 14

Representative Herbkersman proposes the following amendment:

Department of Health and Human Services

Amend

33.22. (DHHS: Rural Health Initiative) From the funds appropriated to the Department of Health and Human Services for the Rural Health Initiative in the current fiscal year, the department shall partner with the following state agencies, institutions, and other key stakeholders to implement these components of a Rural Health Initiative to better meet the needs of medically underserved communities throughout the state. The department may leverage any and all available federal funds to implement this initiative. Recurring and non-recurring funding for the Rural Health Initiative may be carried forward by the department and expended for the same purpose.

(A) The Department of Health and Human Services shall incentivize the development of primary care access in rural and underserved areas, leverage Medicaid spending on Graduate Medical Education (GME) ~~by implementing methodologies that support recommendations contained in the January 2014 report of the South Carolina GME Advisory Group~~, and continue to leverage the use of teaching hospitals to ensure rural physician coverage in counties with a demonstrated lack of adequate access and coverage through the following provisions:

(1) Rural and Underserved Area Provider Capacity - The department shall partner with the University of South Carolina School of Medicine to develop a statewide Rural Health Initiative to identify strategies for significantly improving health care access, supporting physicians, and reducing health inequities in rural communities. In addition, the department shall also contract with the MUSC Hospital Authority in the amount of \$1,500,000, and the USC School of Medicine in the amount of \$2,000,000 to further develop statewide teaching partnerships. The department shall also expend \$5,000,000 in accordance with a graduate medical education plan developed cooperatively by the Presidents or their designees of the following institutions: the Medical University of South Carolina, the University of South Carolina, and Francis Marion University.

(2) Rural Healthcare Coverage and Education - The USC School of Medicine, in consultation with statewide rural health stakeholders and partners, shall continue to operate a Center of Excellence to support and develop rural medical education and delivery infrastructure with a statewide focus, through clinical practice, training, and research, as well as collaboration with other state agencies and institutions. The Center shall submit to the department an annual spending plan centered on efforts to improve access to care and expand healthcare provider capacity in rural communities. Upon approval of the annual spending plan, the department shall authorize at least \$3,000,000 to support center staffing as well as the programs and collaborations delivering rural health research, the ICARED program, workforce development scholarships and recruitment, rural fellowships, health education development, and/or rural practice support and education. Funding released by the department pursuant to this section must not be used by the recipient(s) to supplant existing resources already used for the same or comparable purposes. No later than February first of the current fiscal year, the USC School of Medicine shall report to the Chairman of the House Ways

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and Means Committee, the Chairman of the Senate Finance Committee, and the Director of the Department of Health and Human Services on the specific uses of funds budgeted and/or expended pursuant to this provision.

(3) Rural Medicine Workforce Development - The department, ~~in consultation with the Medical Education Advisory Committee (MEAC),~~ shall support the development of additional residency and/or fellowship slots or programs in rural medicine, family medicine, and any other appropriate primary care specialties that have been identified by the department as not being adequately served by existing Graduate Medical Education programs. ~~The department shall ensure that each in-state member of the Association of American Medical Colleges is afforded the opportunity to participate in MEAC.~~ New training sites and/or residency positions are subject to approval as specified by the Accreditation Council for Graduate Medical Education (ACGME). As funds are made available, the department may also accept proposals and award grants for programs designed to expose resident physicians to rural practice and enhance the opportunity to recruit these residents for long-term practice in these rural and/or underserved communities. ~~Up to \$500,000 of the recurring funds appropriated to the department for the Rural Health Initiative may be used for this purpose. Additionally, the department shall use up to \$200,000 of the recurring funds appropriated for the Department of Aging's Geriatric Physicians Loan Forgiveness program.~~

(4) Statewide Health Innovations - At least \$2,500,000 must be expended by the department to contract with the USC School of Medicine and at least \$1,000,000 to Clemson University to develop and continue innovative healthcare delivery and training opportunities through collaborative community engagement via ICARED, Clemson Rural Health Programming, and other innovative programs that provide clinical services, mental and behavioral health services, children's health, OB/GYN services, and/or chronic disease coverage gaps. In consultation with statewide rural health stakeholders and partners, the department must ensure collaborative efforts with the greatest potential for impact are prioritized.

(5) ~~Maternal Mortality Reduction~~ ~~Prior to the expiration of the COVID-19 public health emergency, the department shall ensure that 12-month postpartum coverage is preserved by making the election offered pursuant to Section 1902(e)(16) of the Social Security Act. The Department of Health and Human Services shall collaborate with the South Carolina Maternal Mortality and Morbidity Review Committee to develop a method of evaluating the effectiveness of this provision.~~

~~—(6) Rural Health Network Revitalization Project – For the purpose of establishing self-sustaining rural health networks that will improve care delivery in rural communities, funds appropriated for Rural Health Network Revitalization shall be expended, in consultation with the Director of Department of Health and Human Services, by the South Carolina Center for Rural and Primary Healthcare within the University of South Carolina School of Medicine to provide material support, facilitation, technical assistance, and other resources to rural communities seeking to create or renew their rural health networks. The Center shall submit to the department an annual spending plan. Upon approval of the annual spending plan, the Center shall:~~

~~(a) be authorized to provide funding to such communities for a time to establish and support the work;~~

~~(b) work with partners across the State to implement evidence-based models of community development and healthcare delivery;~~

~~(c) evaluate the implementation and impact of the network development work undertaken; and~~

~~(d) facilitate the development, implementation, and evaluation of alternative payment models with payors within the State.~~

No later than February first of the current fiscal year, the South Carolina Center for Rural and Primary Healthcare within the University of South Carolina School of Medicine shall report to the Chairman of the House Ways and Means Committee, the Chairman of the Senate Finance Committee, and the Director of the Department of Health and Human Services on the specific uses of funds budgeted and/or expended pursuant to this provision.

(B) The department shall continue to investigate the potential use of ~~DSH~~ disproportionate share, directed payment, and/or any other source of funds in order to improve access to medical services in one or more rural or underserved communities identified by the department in which such access has been determined to be unstable or at-risk. As funds are available to the department, it may establish a grant

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program for providers to implement sustainable delivery models or capital improvements to enhance access to health care services. When the program is in force, the department shall publish grant criteria and guidelines and, at its discretion, may cap or limit the amount of available funds at any time. The department shall require written proposals and may include stipulations it deems necessary and prudent to ensure funds are used to improve the sustainability of access to services in rural or other underserved areas. The department shall also ensure that a facility has been properly sized to meet the needs of its service area. By October 1st of each year, the department shall report to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee on the status of outstanding grants.

~~(1) In the current fiscal year, the department is authorized to establish a DSH pool, or support pool from other available funds, for this purpose and/or if deemed necessary to implement transformation plans for which conforming applications were filed with the department pursuant to this or a previous hospital transformation or rural health initiative proviso, but for which additional negotiations or development were required. The department, at its discretion, may cap or limit the amount of available funds at any time. An emergency department or facility that is established within 35 miles of its sponsoring hospital pursuant to this or a previous hospital transformation or rural health initiative proviso and which receives dedicated funding pursuant to this proviso shall be exempt from any Department of Health and Environmental Control Certificate of Need requirements or regulations. Any such facility shall participate in the South Carolina Telemedicine Network.~~

~~(2) The department may receive proposals from and provide financial support for capital expenditures associated with the replacement/renovation of two or more rural hospitals, or addition of critical health services. Such proposals must be submitted by a hospital system approved to advise a rural transformation project, and the project must be subject to ongoing advisement by the submitting facility, or subject to acquisition by the advising facility. Proposals must demonstrate that the rural hospital has been properly sized to meet the needs of its service area and support a sustainable model of care in a rural setting. Priority shall be given to active health service districts and proposals that replace significantly aged physical plants; that preserve access to inpatient, outpatient, and emergency services; or that improve access to behavioral health services. The department shall require such written agreements which may require project milestone, last dollar funding, and other stipulations deemed necessary and prudent by the department to ensure the funds are used to improve health outcomes and ensure rural health access.~~

(C) The Revenue and Fiscal Affairs Office and the Area Health Education Consortium's Office of Healthcare Workforce Analysis and Planning shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations. Not later than January 1, of the current fiscal year, the department shall submit to the President of the Senate and Speaker of the House of Representatives an evaluation of the state's safety-net providers that includes, at a minimum, Federally Qualified Health Centers, Rural Health Clinics, and to the extent applicable to funding received by the state, free clinics.